

06-11-01

CPA/16278

PTO/SB/29 (10-00)

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CONTINUED PROSECUTION APPLICATION (CPA) REQUEST TRANSMITTAL

Submit an original, and a duplicate for fee processing.
(Only for Continuation or Divisional applications under 37 CFR 1.53(d))

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Address to:
Assistant Commissioner for Patents
Box CPA
Washington, DC 20231

Attorney Docket No. of Prior Application	2003118-0002
First Named Inventor	Schwabacher
Examiner Name	Garcia, M.
Group Art Unit	1627
Express Mail Label No.	EL674750042US

This is a request for a continuation or divisional application under 37 CFR 1.53(d),
(continued prosecution application (CPA)) of prior application number 09 / 253,153,
filed on 2/19/99, entitled One-Dimensional Compound Arrays and a Method for Assaying Them

NOTES

FILING QUALIFICATIONS: The prior application identified above must be a nonprovisional application that is either: (1) complete as defined by 37 CFR 1.51(b), or (2) the national stage of an international application in compliance with 35 U.S.C. 371. Effective May 29, 2000, a CPA may only be filed in a utility or a plant application if the prior nonprovisional application was filed before May 29, 2000. A CPA may be filed in a design application regardless of the filing date of the prior application. See "Request for Continued Examination Practice changes to and Provisional Application Practice," Final Rule, 65 Fed. Reg. 50092 (Aug. 16, 2000); Interim Rule, 65 Fed. Reg. 14865 (Mar. 20, 2000), 1233 Off. Gaz. Pat. Office (Apr. 11, 2000).

C-I-P NOT PERMITTED: A continuation-in-part application cannot be filed as a CPA under 37 CFR 1.53(d), but must be filed under 37 CFR 1.53(b).

EXPRESS ABANDONMENT OF PRIOR APPLICATION: The filing of this CPA is a request to expressly abandon the prior application as of the filing date of the request for a CPA. 37 CFR 1.53(b) must be used to file a continuation, divisional, or continuation-in-part of an application that is not to be abandoned.

ACCESS TO PRIOR APPLICATION: The filing of this CPA will be construed to include a waiver of confidentiality by the applicant under 35 U.S.C. 122 to the extent that any member of the public who is entitled under the provisions of 37 CFR 1.14 to access to, copies of, or information concerning, the prior application may be given similar access to, copies of, or similar information concerning, the other application or applications in the file jacket.

35 U.S.C. 120 STATEMENT: In a CPA, no reference to the prior application is needed in the first sentence of the specification and none should be submitted. If a sentence referencing the prior application is submitted, it will not be entered. A request for a CPA is the specific reference required by 35 U.S.C. 120 and to every application assigned the application number identified in such request, 37 CFR 1.78(a).

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

1. Enter the unentered amendment previously filed on April 6, 2001 under 37 CFR 1.116 in the prior nonprovisional application.
2. A preliminary amendment is enclosed.
3. This application is filed by fewer than all the inventors named in the prior application, 37 CFR 1.53(d)(4).
 - a. **DELETE** the following inventor(s) named in the prior nonprovisional application:
.....
 - b. The inventor(s) to be deleted are set forth on a separate sheet attached hereto.
4. A new power of attorney or authorization of agent (PTO/SB/81) is enclosed.
5. Information Disclosure Statement (IDS) is enclosed:
 - a. PTO-1449
 - b. Copies of IDS Citations

06/12/2001 BNGUYEN1 00000025 09253153

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355.00 OP

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box CPA, Washington, DC 20231.

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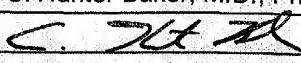
CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
	TOTAL CLAIMS (37 CFR 1.16(c) or (l))	17 -20* =	0	x \$ 9 =	\$ 0
	INDEPENDENT CLAIMS (37 CFR 1.16(b) or (l))	3 -3** =	0	x \$ 40 =	0
	MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.16(d))			+ \$ _____ =	0
				BASIC FEE (37 CFR 1.16)	355.00
				Total of above Calculations =	355.00
	Reduction by 50% for filing by small entity (Note 37 CFR 1.27).				
<small>* Reissue claims in excess of 20 and over original patent. ** Reissue independent claims over original patent.</small>					TOTAL = 355.00
6. <input checked="" type="checkbox"/> Small entity status: Applicant claims small entity status. See 37 CFR 1.27. 7. The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 03 -1721: a. <input checked="" type="checkbox"/> Fees required under 37 CFR 1.16. b. <input checked="" type="checkbox"/> Fees required under 37 CFR 1.17. c. <input checked="" type="checkbox"/> Fees required under 37 CFR 1.18. 8. <input checked="" type="checkbox"/> A check in the amount of \$ 355.00 is enclosed. 9. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. 10. <input type="checkbox"/> Applicant requests suspension of action under 37 CFR 1.103(b) for a period of _____ months (not to exceed 3 months) and the fee under 37 CFR 1.17(i) is enclosed. 11. <input checked="" type="checkbox"/> New Attorney Docket Number, if desired 2003118-0002 <small>[Prior application Attorney Docket Number will carryover to this CPA unless a new Attorney Docket Number has been provided herein.]</small> 12. a. <input type="checkbox"/> Receipt For Facsimile Transmitted CPA (PTO/SB/29A) b. <input checked="" type="checkbox"/> Return Receipt Postcard (Should be specifically itemized, See MPEP 503) 13. <input type="checkbox"/> Other:					

NOTE: The prior application's correspondence address will carry over to this CPA
UNLESS a new correspondence address is provided below.

14. NEW CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number or Bar Code Label	(Insert Customer No. or Attach bar code label here)		<input type="checkbox"/> or <input type="checkbox"/> New correspondence address below
Name	C. Hunter Baker, M.D., Ph.D. Choate, Hall & Stewart		
Address	Exchange Place 53 State Street		
City	Boston	State	MA
Country	US	Telephone	Zip Code 02109-2891 Fax 617-248-4000

15. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Name (Print /Type)	C. Hunter Baker, M.D., Ph.D.
Signature	
Registration No. (Attorney/Agent)	46,533
Date	June 8, 2001

CPA 4-8-01

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2000

CLAIMS AS FILED - PART I					Application or Docket Number <i>09/253153</i>		
			(Column 1)	(Column 2)			
TOTAL CLAIMS							
FOR		NUMBER FILED	NUMBER EXTRA				
TOTAL CHARGEABLE CLAIMS		minus 20 = *					
INDEPENDENT CLAIMS		minus 3 = *					
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>							
* If the difference in column 1 is less than zero, enter "0" in column 2							
CLAIMS AS AMENDED - PART II					OTHER THAN SMALL ENTITY		
			(Column 1)	(Column 2)	(Column 3)	OR	OTHER THAN SMALL ENTITY
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT			HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		
	Total	*	Minus	**	=		RATE FEE
Independent	*	Minus	***	=		BASIC FEE	355.00
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>						X\$ 9=	
						X40=	
						+135=	
						TOTAL	OR TOTAL
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT			HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		
	Total	*	Minus	**	=		RATE ADDI- TIONAL FEE
Independent	*	Minus	***	=		X\$ 9=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>						X40=	
						+135=	
						TOTAL	OR TOTAL ADDITIONAL FEE
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT			HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		
	Total	*	Minus	**	=		RATE ADDI- TIONAL FEE
Independent	*	Minus	***	=		X\$ 9=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>						X40=	
						+135=	
						TOTAL	OR TOTAL ADDITIONAL FEE
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.							